

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

MAY 21 1937

1. PLACE OF DEATH

County Jackson  
Township Blue  
City Independence (No. \_\_\_\_\_)

Registration District No. 398  
Primary Registration District No. 3019

File No. 16566  
Registered No. 140  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 1403 West College Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-15-37

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Alice Gentry

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1936, to April 15, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20-1861

I last saw him alive on April 15, 1937. Death is said to have occurred on the date stated above, at 7:30 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 76 1 27

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

Acute Cardiac Distention Date of onset \_\_\_\_\_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Political

Had chronic myocarditis

10. Date deceased last worked at this occupation (month and year) 4-15-37 11. Total time (years) spent in this occupation 15

Other contributory causes of importance: None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson County, Mo

Over Exertion - from pushing a large lawn roller

13. NAME Joseph Gentry

Name of operation none Date of \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

What test confirmed diagnosis clinical Was there an autopsy? no

15. MAIDEN NAME Mary Gentry

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

17. INFORMANT Reuben A. Gentry Jr

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Independence DATE 4-18-37

Manner of injury \_\_\_\_\_

19. UNDERTAKER Old and Mottshell

Nature of injury \_\_\_\_\_

20. FILED 4-21-37 F. L. Cook Registrar.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_ (Signed) W. H. Allen, M. D. (Address) Independence Mo

